

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN548HHA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/07/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOME CARE PLUS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1201 CORPORATE BLVD SUITE 130 RENO, NV 89502</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00 SS=B	<p><b>INITIAL COMMENTS</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The state license survey was conducted in accordance with Chapter 449, Home Health Agencies, adopted by the State Board of Health November 28, 1973, last amended November 17, 2005.</p> <p>This Statement of Deficiencies was generated as the result of a State licensure survey conducted at your agency on August 4, 2008 through August 7, 2008. The State licensure survey was conducted in conjunction with the Medicare recertification survey.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H152 SS=C	<p><b>449.782 Personnel Policies</b></p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: Based on record review it was determined that the agency failed to comply with NRS 449.179 for 11 of 18 employees. (Employees #1, #2, #3, #4,</p>	H152		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H152	<p>Continued From page 1</p> <p>#5, #6, #7, #9, #10, #11, #12, #13, #14, #15, #16, #17 and #18.)</p> <p>Findings include:</p> <p>The Nevada Revised Statutes, under chapter 449 requires the following:</p> <p>Nevada Revised Statutes 449.179 "Except as otherwise provided in subsection 2, within 10 days of hiring an employee or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall:</p> <p>(a) Obtain a written statement from the employee or independent contractor stating whether he has been convicted of any crime listed in NRS 449.188;</p> <p>Employees #1, #4, #6, #7, #8, #9, #10, #13, #14, #16 and #17: During personnel file review the employees did not have a written statement in their personnel file stating whether he has been convicted of any crime as required in NRS 449.188. The most recently hired of these employees was Employee #8, with a date of hire of 05/22/08.</p> <p>NRS 449.179(3)</p> <p>Initial and periodic investigations of criminal history of employee or independent contractor of certain agency or facility.</p> <p>3. The administrator of, or the person licensed to operate, an agency to provide personal care services in the home, an agency to</p>	H152			

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H152	<p>Continued From page 2</p> <p>provide nursing in the home, a facility for intermediate care, a facility for skilled nursing or a residential facility for groups shall ensure that the criminal history of each employee or independent contractor who works at the agency or facility is investigated at least once every 5 years. The administrator or person shall:</p> <p>(a) If the agency or facility does not have the fingerprints of the employee or independent contractor on file, obtain two sets of fingerprints from the employee or independent contractor;</p> <p>(b) Obtain written authorization from the employee or independent contractor to forward the fingerprints on file or obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and</p> <p>(c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History.</p> <p>During the review of personnel records, it was noted that there were no copies of fingerprints in the personnel files of Employees #1, #2, #3, #4, #5, #6, #7, #9, #10, #11, #12, #13, #14, #15, #16, #17 and #18. The fingerprint results were present, but no copies of fingerprint cards.</p>	H152			

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